

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

2001 — 1 3

2. STATE:

MS

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

~~October 1, 2000~~ April 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447 Subpart E

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ -0-

b. FFY 2002 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 4.19-A Page 7c

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Att. 4.19-A Page 7c

10. SUBJECT OF AMENDMENT: This State Plan Amendment is being filed as a technical correction to revise the DSI allocation method.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Rica Lewis Payton

14. TITLE:

Executive Director

15. DATE SUBMITTED:

June 19, 2001

16. RETURN TO:

Rica Lewis-Payton, Executive Director
Division of Medicaid
Attn: Rose Compere
239 North Lamar Street, Suite 801
Jackson, MS 39201-1399

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

June 21, 2001

18. DATE APPROVED:

March 13, 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Eugene A. Grasser

22. TITLE: Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

it meets the other qualifications of a disproportionate share hospital. A high disproportionate share hospital must be licensed by the Mississippi State Department of Health, Division of Health Facilities Licensure and Certification as either a General Medical/Surgical hospital, a Limited Services (as limited by the hospital licensing agency) hospital, a Psychiatric and/or Chemical Dependency hospital or a Medical Specialty (Rehabilitation or other medical specialty) hospital. In addition, the hospital must be licensed as having public ownership and may not be licensed with ownership as follows: proprietary (for profit - single entrepreneur, partnership or corporation), not-for-profit corporation or association, church affiliation, industrial, or public ownership (state or local government - leased to another entity for operation of the hospital).

- (b) Disproportionate share payment adjustments to hospitals that qualify as high disproportionate share hospitals may not exceed one hundred percent (100%) of the costs of furnishing hospital services by the hospital to individuals who either are eligible for medical assistance under this State Plan or have no health insurance (or other source of third party coverage) for services provided during the year less any payments made by Medicaid, other than for disproportionate share payments, and less any payments made by uninsured patients. For purposes of this section, payments made to a hospital for services provided to indigent patients made by a State or a unit of local government within a State shall not be considered to be a source of third party payment.
- (c) Disproportionate share payments to High Disproportionate Share Hospitals will be made as follows:

The amount of funds shall be distributed to hospitals on a periodic basis to be determined

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by the Division of Medicaid, based upon the ratio of each hospital's cost of uncompensated care to the sum of the total cost of uncompensated care for all High Disproportionate Share Hospitals located in Mississippi. Payments in the earlier part of each year will be determined by estimate, based upon survey data submitted by the hospitals; however, in the eleventh month of the fiscal year, qualifying hospitals shall submit the actual amount of their costs of uncompensated care incurred for the first six months of the fiscal year, and these amounts shall be annualized to determine the final distribution(s) of the year, and no interim payments shall be considered final until the annual computation is determined with the last distribution of the fiscal year to which the payments relate. In no case may a hospital exceed any other limitations for payments described elsewhere in this plan.

(2) Low Disproportionate Share Hospitals

- (a) A hospital is determined to be a low disproportionate share hospital if it meets the qualifications of a disproportionate share hospital but does not qualify as a High Disproportionate Share Hospital.
- (b) Low Disproportionate Share Hospitals shall receive an adjustment to the operating component of their Medicaid prospective rate. The operating component of the Medicaid prospective rate will be increased for Low Disproportionate Share Hospitals by six percent (6%).

- (3) Any hospital which is deemed eligible for a disproportionate share payment adjustment and is adversely affected by serving infants who have not attained the age of one (1) year and children who have not attained the age of six (6) years, may within sixty (60) days of the rate letter, request an outlier payment adjustment to the established rate for those individuals. Adversely affected is defined as exceeding the operating cap of the class of the facility. The outlier adjustment is only for claims filed for Medicaid recipients under six (6) years of age and is the difference between the rate subject to the operating cap and the calculation of the rate without applying the operating cap.

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